

COMPLIANCE CHECKLIST▷ **Long-Term Care Facility - Common Areas**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

Only one copy of this checklist needs to be submitted for each facility. In the case of a bed increase not associated with alterations of the common areas, only the requirements marked with an asterisk (*) and the Square Footage Summary on Page 6 need to be completed.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

.....

Facility Address:

.....

Dates:

Initial:

Revisions:

DON Identification: (if applicable)

.....

Bed Complement:

Current Number of Beds =

Proposed Number of Beds =

Project Reference:

.....

.....

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**SITE DEVELOPMENT

- 151.210 ☐ Roads & walkways to:
- ☐ main entrance
 - ☐ ambulance entrance
 - ☐ kitchen entrance
 - ☐ delivery/receiving area
- ☐ Walkways from parking areas to main entrance:
- ☐ min. 4'-0" wide
 - ☐ max. slope 1:12
- 151.220 ☐ Off street parking:
- ☐ at least 1 parking space for each 4 beds
- 151.230 ☐ plus at least 2 handicapped parking spaces
- ☐ near main entrance
 - ☐ min. 12'-0" wide
- 151.240 ☐ Outdoor recreation area
- ☐ separate from parking areas
 - ☐ min. 25 sf per bed
- Policy ☐ wheelchair accessible

Lighting in following areas:

- ☐ walkways
- ☐ parking lots
- ☐ building entrances

GENERAL ACTIVITY ROOM(S)

- 151.510 ☐ Outside windows
- 150.017 ☐ min. 8 sf per bed total resident area*
- ☐ Storage closet

- ☐ Emergency lighting
- ☐ Nurses call station

BEAUTY PARLOR & BARBER SHOP

- 151.510 ☐ ☐ check if service not included in project
- ☐ min. 120 sf
 - ☐ counter & cabinets

- ☐ Shampoo basin
- ☐ Nurses call station

EXAMINATION/TREATMENT ROOM

- 151.520 ☐ ☐ check if service not included in project
- (only if facility is Level IV)
- ☐ Min. 125 sf
 - ☐ Min. dimension 10'-0"
 - ☐ Storage cabinet

- ☐ Handwashing sink
- ☐ Nurses call station

OFFICE SPACE

- 151.530 ☐ Administrative offices
- (A) ☐ administrator's office
- ☐ min. 80 sf
- ☐ director of nurses office
- ☐ ☐ check if service not included in project
- (only if facility is Level IV)
- ☐ min. 80 sf
- (B) ☐ storage of medical records
- ☐ Consultants office(s)
- ☐ min. 100 sf

STAFF & PUBLIC TOILETS

- 151.550 ☐ Visitors toilet rooms
- ☐ one for each gender
 - ☐ handicapped accessible
- ☐ Staff toilet rooms
- ☐ convenient to kitchen

- ☐ Handwashing sink
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Handwashing sink
- ☐ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS151.860 PUBLIC TELEPHONE

- 150.015 _____ Located in separate room or alcove
 (C)(10) _____ Provides for privacy
_____ Wheelchair accessible
_____ Sound volume control

151.560 CENTRAL KITCHEN

- (I) _____ Located to avoid through-traffic
_____ Food receiving area
 (A) _____ Food preparation area min. 5 sf per bed*
 (H) _____ Min. aisle width 42" for fixed equipt.
_____ Min. aisle width 60" for mobile equipt.
_____ ☐ check if mobile equipt. not included in project
_____ Equipment sealed **or** _____ min. 8" clear between
to wall equipt. & wall
_____ Filler strip between **or** _____ min. 8" clear between
pieces of equipt. pieces of equipt.
(L) _____ Storage cabinets for dishes & silverware

- (F) _____ Dishwashing area
_____ separate from food prep. area
_____ direct entrance from corridor
_____ access of soiled dishware is not through
food preparation area

- (J) _____ Food cart washing/ can washing
_____ separate defined area

- (K) _____ Dietician office
_____ min. 100 sf

- (M) _____ Janitor's closet
_____ at least one per floor
_____ min. 25 sf
_____ min. 5'-0" dimension
_____ shelving

- 151.750 _____ Refrigerator
_____ min. 1.5 cubic feet per bed*
_____ Freezer
_____ min. 0.5 cubic feet per bed*

151.570 CENTRAL DINING

- Policy _____ Located for outside exposure
 (A) _____ Min. 10 sf per bed*

151.370 CENTRAL RESIDENT TOILET ROOMS

- (C) _____ At least 2 central toilet rooms
 Policy _____ off main corridor
 Policy _____ convenient to dining & activity rooms
 (C) _____ wheelchair accessible
_____ designated for each gender

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- _____ Handwashing sink
_____ Double-comp. vegetable sink
_____ 30" drain board
_____ backsplash
_____ Triple-comp. pot washing sink
_____ one 30" drain board on each side
_____ backsplash
_____ Floor drain
_____ Vent. min. 10 air ch./hr
_____ negative pressure (Policy)
_____ air exhausted to outdoors
_____ Exhaust hoods at cooking areas
_____ Emergency lighting
_____ Vent. min. 10 air ch./hr
_____ negative pressure (Policy)
_____ air exhausted to outdoors

- _____ Service sink
_____ Vent. min. 10 air ch./hr (exhaust)

- _____ Emergency lighting
_____ Nurses call staff station

- _____ Handwashing sink
_____ Vent. min. 10 air ch./hr (exhaust)
_____ Emergency nurses call station

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

☐ Vent. min. 10 air ch./hr
☐ negative pressure (Policy)
☐ air exhausted to outdoors

- ___ Mechanical ventilation
- ___ Vent. min. 10 air ch./hr
- ___ positive pressure (Policy)
- ___ Handwashing sink
- ___ Vent. min. 10 air ch./hr
- ___ negative pressure (Policy)
- ___ air exhausted to outdoors

___ Vent. min. 10 air ch./hr
___ positive pressure (Policy)

___ Service sink
___ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.540 ☐ RESTORATIVE SERVICE
- (B) ☐ Physical therapy room
☐ check if service not included in project
☐ min. 200 sf therapy area
☐ min. dimension 10'-0"
☐ storage closet
- (C) ☐ Occupational therapy room
☐ check if service not included in project
☐ min. 300 sf therapy area
☐ min. dimension 10'-0"
☐ storage closet

- ☐ Handwashing sink
- ☐ Mechanical or natural ventilation
- ☐ Nurses call station
- ☐ Service sink
- ☐ Nurses call station

- (A)(3) ☐ OUTPATIENT RESTORATIVE SERVICE*
☐ check if service not included in project
 *A separate letter of intent must be filed with the Department
 prior to plan approval

- (a) ☐ Direct handicapped access
☐ from the outside **or** ☐ from the main lobby
- (b) ☐ Convenient parking
- (c) ☐ Resident toilet rooms
☐ separate from nursing unit toilets

- ☐ Handwashing sink
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Emergency nurses call station

☐ Staff toilet rooms

- ☐ Handwashing sink
- ☐ Vent. min. 10 air ch./hr (exhaust)

- (d) ☐ Waiting/reception area
- (e) ☐ Record storage
- (f) ☐ Office space

- (B)(3) ☐ Physical therapy room
 (shared with LTCF residents restorative program)
☐ min. 200 sf therapy area
☐ min. dimension 10'-0"
☐ storage closet
☐ Provisions for patient privacy
☐ Dressing facilities
☐ Lockers

- ☐ Handwashing sink
- ☐ Mechanical or natural ventilation
- ☐ Nurses call station

GENERAL STANDARDS**Architectural Details****Corridors (151.600):**

resident corridors

- ___ min. 8'-0" wide
- ___ handrails on both sides
- ___ max. projection 3½"
- ___ min. 30" AFF
- ___ returns meet wall at each end

service corridors

- ___ min. 5'-0" wide

Ramps (151.610):

- ☐ check if service not included in project

- ___ max. slope 1:12

Stairs (151.620):

- ___ non-slip treads & landings
- ___ handrails on both sides
- ___ max. projection 3½"
- ___ min. 30" AFF
- ___ max. riser height 7"
- ___ tapered risers

Doors (151.630):

- ___ min. 44" wide at din. rooms, act. rooms, PT/OT rooms, stairs
- ___ min. 32" at toilet rooms
- ___ no locks or privacy sets in resident areas
- ___ outswinging/double-acting doors for toilet rms
- ___ kitchen doors min. 42" wide

Windows (151.640):

- ___ sill or guard min. 30" AFF
- ___ operable windows
- ___ insect screens

- ___ Grab bars in all resident toilet rooms

- ___ 250 lb. capacity

- ___ Min. 8'-0" ceiling height in resident areas

- ___ Washable wall finishes in toilet rooms & kitchen (151.660(B))

- ___ Impervious floor finish in toilet rooms & kitchen (151.660 (C)&(D))

Elevators (151.740)

- ☐ check if service not included in project

(only if entire facility on one floor)

- | | |
|--|--|
| up to 82 beds on
floors other than entrance
floor: | more than 82 beds on
floors other than entrance
floor: |
| ___ at least 1 elevator | ___ at least 2 elevators |
| ___ hospital type | |
| ___ interior cab min. 5'-0" x 7'-6" | |
| ___ door opening min. 44" | |

Mechanical**Heating (151.700):**

- ___ heating capacity min. 75 °F

Air Conditioning (151.700(D)):

- ___ cooling capacity max. 75 °F in areas listed below:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▷ New Construction & Major Renovations ▷ Original facility plan approval on or after 4/14/00 ___ AC in all resident areas | <ul style="list-style-type: none"> ▷ Minor Renovations ___ original facility plan approval prior to 04/14/00 ___ AC in dining rooms, activity rooms, day rooms, etc. |
|---|---|

Refrigeration (151.750):

- ___ max. cooler temperature 45 °F
- ___ max. freezer temperature -10 °F

Ventilation (151.710):

- ___ corridors not used as plenums for supply/return

Plumbing

- ___ min. water pressure 15 psi (151.720)

Electrical**Emergency power (151.830):**

- ___ generator
- ___ dedicated to emerg. elec. system
- ___ adequate capacity
- ___ automatic transfer switches
- ___ all corridor receptacles on EP
- ___ 1 elevator on EP

Nurses call system (151.850):

- ___ all calls register at nurses station
- ___ light signal activated in corr. at origin of call

Telephones (151.860):

- ___ at least 1 telephone per floor

Space Dependent on Bed Count: Square Footage Summary☐ check if not applicable

(only if the project will not result in a bed increase or will not affect areas identified in 1st column)

Complete box and table below:

Total number of beds in facility N =

FUNCTIONAL AREA	S = SF PER BED REQUIREMENT	TOTAL SF REQUIRED = S x N	TOTAL SF PROVIDED
DAY ROOMS	9		
DINING ROOM(S)	10		
GENERAL ACTIVITY ROOMS	8		
KITCHEN FOOD PREP. AREA	5		
GENERAL STORAGE ROOM(S)*	10		

*Excluding specific storage rooms serving nursing units, activity rooms, PT/OT rooms or kitchen.

Fireresistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 602)

Complete table below with fireresistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED			RATING PROVIDED			U.L. NUMBER		
	Supporting more than one floor	Supporting one floor only	Supporting roof only	Supporting more than one floor	Supporting one floor only	Supporting roof only	Supporting more than one floor	Supporting one floor only	Supporting roof only
STRUCTURAL ELEMENTS									
EXT. BEARING WALLS	3	3	3						
INT. BEARING WALLS	3	2	2						
COLUMNS	3	2	2						
BEAMS	2	2	1½						
FLOOR STRUCTURE		2							
ROOF STRUCTURE			1½						